ROCKFORD HISTORIC PRESERVATION COMMISSION

Application for a Certificate of Appropriateness

NAME OF APPLICA	NT		
ADDRESS			
DAY-TIME PHONE I	NUMBER		
APPLICANT IS () (OWNER () LESSEE ()	CONTRACTOR () OTHER	
APPLICANT'S ADD			
TYPE OF WORK PRO			
() Addition	() New construction	() Exterior remodeling	
() Demolition	() Porch/deck	() Roof repair/replacement	
() Garage	() Landscaping	() Fence	
() Sign	() Other (specify)		

(continued on next page)

DESCRIPTION	OF PROPOSED WORK (continued from previous page)	
exact accord	ned certifies that the project described in this application will be dance with these plans and specifications unless otherwise in tificate of Appropriateness granted by the Rockford Histo	dicated on the
Signed by		
·	(Applicant)	(Date)
	(Owner)	(Date)

APPLICATION DEADLINE This application, with the appropriate drawings, information and photographs, should be submitted to the Secretary of the Rockford Historic Preservation Commission at least one week before the Commission's regular monthly meeting. Please check this website for dates and times of Commission meetings, or contact the Secretary at 815-987-5618 for further information.